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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

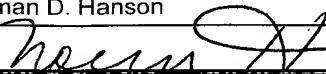
Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Complete if Known	
Application Number	09/751,797
Filing Date	December 29, 2000
First Named Inventor	Laure Dumotier
Examiner Name	Philip Gambil
Art Unit	1644
Attorney Docket No.	NY-LUD 5543-US3-CONT

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES		
<input type="checkbox"/> Deposit Account:				Large Entity			Small Entity
Deposit Account Number				Fee Code	Fee (\$)	Fee Code	Fee (\$)
50-0624				1051	130	2051	65
Deposit Account Name				1052	50	2052	25
Fulbright & Jaworski L.L.P.				1053	130	1053	130
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity		Fee Description		Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1001	790	2001	395	Utility filing fee			
1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)		(\$ 0.00)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Large Entity		Small Entity		Fee Description		Fee Paid	
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1202	18	2202	9	Claims in excess of 20			
1201	88	2201	44	Independent claims in excess of 3			
1203	300	2203	150	Multiple dependent claim, if not paid			
1204	88	2204	44	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$ 0.00)					
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)		(\$ 450.00)					

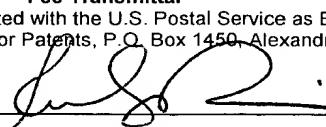
** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Norman D. Hanson	Registration No. (Attorney/Agent)	30,946	Telephone (212) 318-3168
Signature		Date	November 3, 2004	

Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 331562083 US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 3, 2004

Signature: 

(Evelyn Rosario)